

Assembly Bill No. 704

Passed the Assembly September 6, 2013

Chief Clerk of the Assembly

Passed the Senate August 26, 2013

Secretary of the Senate

This bill was received by the Governor this _____ day
of _____, 2013, at _____ o'clock ____M.

Private Secretary of the Governor

CHAPTER _____

An act to amend Sections 1797.170, 1797.171, and 1797.172 of the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 704, Blumenfeld. Emergency medical services: military experience.

Under the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, the Emergency Medical Services Authority is responsible for establishing minimum standards and promulgating regulations for the training and scope of practice for an emergency medical technician (EMT-I), an advanced emergency medical technician (EMT-II), and an emergency medical technician-paramedic (EMT-P) certified or licensed, as applicable, under the act.

This bill would require the authority to develop and adopt regulations to, upon presentation of satisfactory evidence, accept the education, training, and practical experience completed by an applicant with military experience toward the qualifications and requirements for EMT-I certification, EMT-II certification, or EMT-P licensure, as specified.

The people of the State of California do enact as follows:

SECTION 1. Section 1797.170 of the Health and Safety Code is amended to read:

1797.170. (a) The authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations for the training and scope of practice for EMT-I certification.

(b) No later than January 1, 2015, the authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations to, upon presentation of satisfactory evidence by an applicant for certification, accept the education, training, and practical experience completed by an applicant as a member of the United States Armed Forces, the United States Military Reserve, the National Guard of any state, or the Naval Militia of

any state toward the qualifications and requirements for EMT-I certification.

(c) Any individual certified as an EMT-I pursuant to this division shall be recognized as an EMT-I on a statewide basis, and recertification shall be based on statewide standards. Effective July 1, 1990, any individual certified as an EMT-I pursuant to this act shall complete a course of training on the nature of sudden infant death syndrome which is developed by the California SIDS program in the State Department of Public Health in consultation with experts in the field of sudden infant death syndrome.

SEC. 2. Section 1797.171 of the Health and Safety Code is amended to read:

1797.171. (a) The authority shall develop, and after approval of the commission pursuant to Section 1799.50, shall adopt, minimum standards for the training and scope of practice for EMT-II.

(b) No later than January 1, 2015, the authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations to, upon presentation of satisfactory evidence by an applicant for certification, accept the education, training, and practical experience completed by an applicant as a member of the United States Armed Forces, the United States Military Reserve, the National Guard of any state, or the Naval Militia of any state toward the qualifications and requirements for EMT-II certification. In developing the regulations pursuant to this subdivision, the authority shall deem an applicant for EMT-II certification with military experience equivalent to EMT-I certification requirements as certified as an EMT-I unless the authority determines that the education, training, or practical experience is not sufficiently comparable to existing standards.

(c) An EMT-II shall complete a course of training on the nature of sudden infant death syndrome in accordance with subdivision (b) of Section 1797.170.

(d) (1) In rural or remote areas of the state where patient transport times are particularly long and where local resources are inadequate to support an EMT-P program for EMS responses, the director may approve additions to the scope of practice of EMT-IIs serving the local system, if requested by the medical director of the local EMS agency, and if the EMT-II has received training equivalent to that of an EMT-P. The approval of the director, in

consultation with a committee of local EMS medical directors named by the Emergency Medical Directors Association of California, is required prior to implementation of any addition to a local optional scope of practice for EMT-IIs proposed by the medical director of a local EMS agency. No drug or procedure that is not part of the basic EMT-P scope of practice, including, but not limited to, any approved local options, shall be added to any EMT-II scope of practice pursuant to this subdivision.

(2) Approval of additions to the scope of practices pursuant to this subdivision may be given only for EMT-II programs in effect on January 1, 1994.

SEC. 3. Section 1797.172 of the Health and Safety Code is amended to read:

1797.172. (a) The authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt minimum standards for the training and scope of practice for EMT-P.

(b) No later than January 1, 2015, the authority shall develop and, after approval by the commission pursuant to Section 1799.50, adopt regulations to, upon presentation of satisfactory evidence by an applicant for EMT-P licensure, accept the education, training, and practical experience completed by an applicant as a member of the United States Armed Forces, the United States Military Reserve, the National Guard of any state, or the Naval Militia of any state toward the qualifications and requirements for EMT-P licensure. In developing the regulations pursuant to this subdivision, the authority shall not require an applicant for EMT-P licensure with military experience equivalent to relevant coursework to complete duplicative requirements unless the authority determines that the education, training, or practical experience is not sufficiently comparable to existing standards.

(c) The approval of the director, in consultation with a committee of local EMS medical directors named by the EMS Medical Directors Association of California, is required prior to implementation of any addition to a local optional scope of practice for EMT-Ps proposed by the medical director of a local EMS agency.

(d) Notwithstanding any other provision of law, the authority shall be the agency solely responsible for licensure and licensure renewal of EMT-Ps who meet the standards and are not precluded from licensure because of any of the reasons listed in subdivision

(d) of Section 1798.200. Each application for licensure or licensure renewal shall require the applicant's social security number in order to establish the identity of the applicant. The information obtained as a result of a state and federal level criminal offender record information search shall be used in accordance with Section 11105 of the Penal Code, and to determine whether the applicant is subject to denial of licensure or licensure renewal pursuant to this division. Submission of fingerprint images to the Department of Justice may not be required for licensure renewal upon determination by the authority that fingerprint images have previously been submitted to the Department of Justice during initial licensure, or a previous licensure renewal, provided that the license has not lapsed and the applicant has resided continuously in the state since the initial licensure.

(e) The authority shall charge fees for the licensure and licensure renewal of EMT-Ps in an amount sufficient to support the authority's licensure program at a level that ensures the qualifications of the individuals licensed to provide quality care. The basic fee for licensure or licensure renewal of an EMT-P shall not exceed one hundred twenty-five dollars (\$125) until the adoption of regulations that specify a different amount that does not exceed the authority's EMT-P licensure, license renewal, and enforcement programs. The authority shall annually evaluate fees to determine if the fee is sufficient to fund the actual costs of the authority's licensure, licensure renewal, and enforcement programs. If the evaluation shows that the fees are excessive or are insufficient to fund the actual costs of the authority's EMT-P licensure, licensure renewal, and enforcement programs, then the fees shall be adjusted accordingly through the rulemaking process described in the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). Separate additional fees may be charged, at the option of the authority, for services that are not shared by all applicants for licensure and licensure renewal, including, but not limited to, any of the following services:

- (1) Initial application for licensure as an EMT-P.
- (2) Competency testing, the fee for which shall not exceed thirty dollars (\$30), except that an additional fee may be charged for the cost of any services that provide enhanced availability of the exam

for the convenience of the EMT-P, such as on-demand electronic testing.

(3) Fingerprint and criminal record check. The applicant shall, if applicable according to subdivision (d), submit fingerprint images and related information for criminal offender record information searches with the Department of Justice and the Federal Bureau of Investigation.

(4) Out-of-state training equivalency determination.

(5) Verification of continuing education for a lapse in licensure.

(6) Replacement of a lost licensure card. The fees charged for individual services shall be set so that the total fees charged to EMT-Ps shall not exceed the authority's actual total cost for the EMT-P licensure program.

(f) The authority may provide nonconfidential, nonpersonal information relating to EMS programs to interested persons upon request, and may establish and assess fees for the provision of this information. These fees shall not exceed the costs of providing the information.

(g) At the option of the authority, fees may be collected for the authority by an entity that contracts with the authority to provide any of the services associated with the EMT-P program. All fees collected for the authority in a calendar month by any entity designated by the authority pursuant to this section to collect fees for the authority shall be transmitted to the authority for deposit into the Emergency Medical Services Personnel Fund within 30 calendar days following the last day of the calendar month in which the fees were received by the designated entity, unless the contract between the entity and the authority specifies a different timeframe.

Approved _____, 2013

Governor